

2020

Personal Organizer

Norwalk Business Service, Inc.

www.nbs-tax.com

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Your Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

New Principal Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Your Driver's License: \_\_\_\_\_ Spouse's Driver's License: \_\_\_\_\_

Your License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Spouse's License State Issued: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you wish to receive **only** a digital copy of your return? (No physical copy will be mailed) Yes / No

\*\*\*\*New clients please bring a copy of your prior years tax return with depreciation schedule\*\*\*\*

Name	Birthdate	SSN (Mandatory)	Relationship	Months lived at home (if less than 12)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Estimated Taxes:

Federal			State		
Due Date	Date Paid	Amount	Due Date	Date Paid	Amount
7/15/2020	_____	\$ _____	7/15/2020	_____	\$ _____
7/15/2020	_____	\$ _____	7/15/2020	_____	\$ _____
9/15/2020	_____	\$ _____	No CA est due	_____	\$ _____
1/15/2021	_____	\$ _____	1/15/2021	_____	\$ _____
Other Payments to IRS	Date: _____	\$ _____	Date: _____		\$ _____
Other Payments to FTB	Date: _____	\$ _____	Date: _____		\$ _____

1. Interest Received: Bring Form 1099 INT

Banks, Savings, Credit Unions	Amount
From _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tax Exempt Interest  
(Do not include IRA earnings)

From	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Interest Received from Individuals:

Name	Address	SSN(Mandatory)	Amount
_____	_____	_____	\$ _____

2. Stocks Dividends Received: Bring Form 1099-DIV & 1099-B (Stock Sales and Bitcoin)

From	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

From	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Unemployment Income Received

\$ \_\_\_\_\_

Unemployment Income Repaid

\$ \_\_\_\_\_

**IRA/Pension/401k Distribution: Bring Forms 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Covid Related Distribution **Yes / No**

**IRA/Pension/401k Rollover: Bring Form 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Roth Conversion: Bring Form 1099R**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bring information if your dependent, under 24, has unearned income of \$2200 or more during the year  
Do you have any household employees? **Yes / No**

**Medical Expense:**

Prescriptions \$ \_\_\_\_\_  
Doctors, Dentists, Nurses & Co-Pay \$ \_\_\_\_\_  
Hospital & Nursing Homes \$ \_\_\_\_\_  
Medical Ins. Premiums \$ \_\_\_\_\_  
Medicare Premiums on SSA 1099 \$ \_\_\_\_\_  
Long Term Care Premiums \$ \_\_\_\_\_  
Long Term Care Premiums (Spouse) \$ \_\_\_\_\_  
Glasses, X-Rays & Lab Fees \$ \_\_\_\_\_  
Other-Hearing Aids, ETC. \$ \_\_\_\_\_

**Miles For Medical Care** \_\_\_\_\_

**Taxes: Limited to \$10,000 Federal Only**

Property Tax (Pers. Residence) \$ \_\_\_\_\_  
Property Tax (Land, 2nd Prop) \$ \_\_\_\_\_  
Auto Registration (No. of Vehicles \_\_\_) \$ \_\_\_\_\_  
Pers. Prop Tax (Boat, etc.) \$ \_\_\_\_\_  
Sales Tax (Car, Boat, Airplane) \$ \_\_\_\_\_  
Hero Program (Bring Tax Bill)

**Interest Paid:**

Home Mtg: **Bring Form 1098 from Mortgage Holder**  
Mortgage Co. \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgage Co. \_\_\_\_\_ \$ \_\_\_\_\_  
Home Mtg: Paid to Individuals \$ \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_

Student Loan Interest Paid: \$ \_\_\_\_\_

**Special Teachers Deduction**

Amt paid for teaching supplies \$ \_\_\_\_\_

**IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Roth IRA Contribution:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Gambling Winnings:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Gambling or Lottery Winnings: Bring Form W-2G**

**Social Security: Bring Form SSA-1099**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Any other income we should be aware of.**

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Settlement Money Received:**

You: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

**Contributions:**

Church \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Payroll Ded. \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

\$300.00 contribution allowed with standard deduction

**Non-Cash Contributions:**

**FMV**

Goodwill \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

*Non-cash contributions over \$500.00 must have documentation showing what was given, the value of the donation, how much it was purchased for, and when it was purchased*

**Car donations: Bring Required Form 1098-C**

**All cash contributions require written substantiation from that organization. Checks under \$250. are acceptable.**

Charity Travel \_\_\_\_\_ Mi

**Misc. Work Related : State Deductible Only**

Union Dues \$ \_\_\_\_\_  
Tax Preparation \$ \_\_\_\_\_  
Safe Deposit Box \$ \_\_\_\_\_  
Job Related Books & Manuals \$ \_\_\_\_\_  
Job Related Cellular Phone \$ \_\_\_\_\_  
Job Related Telephone Calls \$ \_\_\_\_\_  
Job Related Education \$ \_\_\_\_\_  
Job Related Education Miles \_\_\_\_\_ Mi  
Job Related Meals \$ \_\_\_\_\_  
Job Seeking Exp (list separately) \$ \_\_\_\_\_  
Laundry - Uniforms \$ \_\_\_\_\_  
Small Tools for Work \$ \_\_\_\_\_  
Uniforms (not gen. wear) \$ \_\_\_\_\_  
Credit Card Fees to pay your taxes \$ \_\_\_\_\_  
Investment Expenses \$ \_\_\_\_\_

**Employee Business Auto Expense (State Only):**

Total Miles \_\_\_\_\_  
Business Miles \_\_\_\_\_  
Personal Miles \_\_\_\_\_  
Gas \$ \_\_\_\_\_  
Repairs \$ \_\_\_\_\_  
Tires \$ \_\_\_\_\_  
Vehicle Insurance \$ \_\_\_\_\_  
Misc: (Car Wash, etc) \$ \_\_\_\_\_  
Auto Registration \$ \_\_\_\_\_  
Vehicle Lease Payments \$ \_\_\_\_\_

**Employee Business Travel (State Only):**

Meals \$ \_\_\_\_\_  
Air Fares \$ \_\_\_\_\_  
Number of Overnight Stays: \_\_\_\_\_  
Parking \$ \_\_\_\_\_  
Reimbursement from employer  
not included in W-2 \$ \_\_\_\_\_  
Incidentals (Taxi, Dry Cleaning, Etc) \$ \_\_\_\_\_

*If you have a business, fill these expenses on the business or realtor worksheet.*

**Did you or your dependents receive insurance through an exchange?** (Covered CA) Yes / No

If yes, bring Form 1095-A AND California Form 3895

**Health Insurance: California Residents Only**

Did every member of your family have health insurance last year? Yes / No

If no, your preparer will need to know which months each member of your family had health insurance.

Bring 1095-A, 1095-B, 1095-C, and 3895 for verification. Medicare counts as coverage

**Child Care:**

Person or Organization Paid: \_\_\_\_\_ Number of Dependents cared for: \_\_\_\_\_  
SSN or Federal ID# of Organization \_\_\_\_\_ Amount paid for each child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number (required) \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Did you receive W-2 dependent childcare benefits? Yes / No

**Purchased and/or refinanced Personal Residence, Vacation Home, Land, or Income Property**

Bring in the Final Escrow Closing Statement. (If a rental was purchased, bring in the property tax bill.)

**Sold Personal Residence, Vacation Home, Land, or Income Property**

Please bring in the Final Escrow Closing Statement and Form 1099-S.

**Did you have debt cancellation or foreclosure?**

Date \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Bring your last loan statement and Form 1099A or Form 1099C

**Energy Credits**

Solar Energy  
(Bring Contract) Amount \$ \_\_\_\_\_  
Electric Vehicle Credit:  
(Bring Contract) Amount \$ \_\_\_\_\_

**Alimony:**

Paid: \$ \_\_\_\_\_  
Received: \$ \_\_\_\_\_  
SSN of Ex-Spouse \_\_\_\_\_  
Date of Original Agreement \_\_\_\_\_

**Federal Stimulus Received:**

Amount \$ \_\_\_\_\_

**Did you receive the EIDL Grant?**

Amount \$ \_\_\_\_\_

Those who normally do not file and did not receive a stimulus payment may be able to obtain the stimulus payment by filing a 2021 return.

**Self Employed Paid Sick Leave Credit:** Days you were unable to work because of Coronavirus Related Care

Numbers of days for yourself \_\_\_\_\_ Number of days for another \_\_\_\_\_  
Number of days for child under 17 \_\_\_\_\_

If you received a PPP loan, please let the tax preparer know. The PPP loan's covered period should not include any period in which you are claiming days of care for yourself or others.

**Asset Reporting**

Do you own/have interest in any Foreign Account? (Cash, Retirement, Pension, Stock, etc) Yes / No
If yes, please bring the Asset or Account Info. ( Name, Address, Account Number, and Balance)
Received foreign gifts over \$100,000.00 from an Individual or \$16,388.00 from a business? Yes / No
Do you have any foreign sourced income? Yes / No
Do you have an online Gambling Account Yes / No
Did you sell, send, exchange, or otherwise acquire any interest in any virtual currency this year? (Bitcoin) Yes / No
Is there any other income that we should be aware of? Yes / No
Do you have any unreported California Sales Tax? Amount \$\_\_\_\_\_ Yes / No

**Dependency and Head of Household Questionnaire**

If you do not have a dependent, do not answer. Spouses are not dependents.
The Internal Revenue Service is requiring all tax practitioners to inquire with taxpayers whenever a Child tax Credit, Earned Income Credit, or Head of Household Status is claimed.

**Child Dependency and Earned Income Credit Questions**

Can you be claimed as a dependent on someone else's return? Yes / No
Do you (and your spouse if applicable) both have Social Security Numbers (not ITINS)? Yes / No
Can anyone else claim any of the dependents you are claiming on your tax return? Yes / No
Did the dependent live with you for over 50% of the year? (College attendance is ok) Yes / No
Did you provide 50% or more support for the dependents you are claiming on your tax return? Yes / No
Did a custodial parent allow you to claim a dependent this year? (bring signed Form 8322) Yes / No
Are all your dependents US Citizens? Yes / No
Do all of your dependents have Social Security Numbers? (not ITINS) Yes / No
Were you a US Citizen or Resident Alien for the entire year? Yes / No
Do you pay more than half the cost of maintaining a parent's separate household? Yes / No
Are any of the dependents you are claiming married? Yes / No
Has your earned income tax credit been disallowed in the past? Yes / No

**Head of Household Question**

Were you unmarried or living apart from a spouse for the last 6 months of the year? Yes / No

**Please bring in copies of medical or school records showing that the child lives with you at your address.**

If you are self employed, please fill out our Business Worksheet or Real Estate Worksheet so we can document your income.
If you share 50 percent custody with a dependent with another taxpayer, the taxpayer who earned the most money must claim the dependent unless the dependent is released with Form 8322.

**College Questionnaire**

Was the college student a half time student or more? (6 units in one semester is as half time) Yes / No
Does the college student have a felony drug conviction? Yes / No
Did you receive a 1098-T for the student? (please bring 1098 and financial transcript) Yes / No

Tuition & Fees Paid \$\_\_\_\_\_ ESA / QTP/ 529 Withdrawal \$\_\_\_\_\_
Books \$\_\_\_\_\_ Tuition and Student Housing Total
Scholarships \$\_\_\_\_\_ Housing Amount cannot exceed School Dormitory cost or School Cost of Living Estimate

By signing this you are indicating that this questionnaire is correctly answered and the income and expenses provided to the tax preparer are accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Should you need to contact us, please feel free to either call or email our office.
Yours truly,

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